Save as Print Reset

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GENDER DESIGNATION APPLICATION
(WITH MODEL LETTER AND INSTRUCTIONS)

Center for Policy Planning and Evaluation
Vital Records Division

In order to apply for an updated gender marker (and name, if applicable) on your DC birth certificate, you must submit the following:

1. Completed Birth Certificate Gender Designation Application Form, signed by the applicant (address on the application should be the address where you want your certificate mailed);
2. Completed and signed Statement of Licensed Healthcare Provider Certifying the Applicant's Gender Designation, signed by your healthcare provider;
3. Photocopy of the applicant's non-expired photo ID (driver's license, passport, or other government issued identification card) that reflects a good likeness and satisfactorily identifies the applicant;
4. Original or certified copy of the Court Order for a Name Change, if applicable; and
5. Payment of $51.00 which includes amending the birth record ($28.00) + (1) certified copy of birth certificate ($23.00)

You can apply for your updated birth certificate in by mail at the Department of Health, Vital Records Division, First Floor, 899 North Capitol Street, NE, Washington, DC 20002.

Please note the following:

1. The application form and certification form from a healthcare provider are the only documentation of gender change required; no additional medical information will be requested.

2. Sexual reassignment surgery is not a prerequisite for changing the gender marker on a birth certificate.

3. The Gender Designation Application Form and Certified Healthcare Provider statement contains private medical information and will be kept confidential and protected at all times.

4. The original certificate and all documents pertaining to the issuance of the new certificate following a gender designation change shall be sealed and shall not be subject to inspection except by the Registrar for the purpose of administering the vital records system or by order of a court of competent jurisdiction.

5. If an applicant is also requesting a name change, an original or certified copy of a Court Order must be provided with the request.

6. Certificates issued with a gender marker change, and related name change if applicable, will not show no indication on the certificate that it has been amended.

7. Requests for a change of gender designation on a certified birth certificate will take up to three (3) business days to process. This allows sufficient time for Vital Records Division staff to confirm information submitted and to retrieve the original paper record information so that it can be sealed and sent to the Archives.

8. If you have ever changed the gender designation on your birth certificate previously, you will need a court order to change the designation a second time. Please also note that after your first legal name change, any subsequent legal name change will be marked as amended on your birth certificate.

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

GENDER DESIGNATION APPLICATION

Center for Policy Planning and Evaluation
Vital Records Division

TODAY'S DATE: **CERTIFICATE NUMBER:** **GDN:**

NAME ON BIRTH RECORD: **DATE OF BIRTH:**

Has the gender designation been changed on this birth record before? ☐ YES ☐ NO
(If yes, pursuant to DC Law, a court order is necessary for a Vital Records Division Staff to OPEN a SEALED BIRTH RECORD)

I, make application to designate the gender marker on the indicated birth record to read: ☐ Male ☐ Female ☐ Unknown. I, hereby affirm under penalty of law that this request for gender designation is for the purpose of ensuring that my District of Columbia birth certificate accurately reflects my gender and is not for any fraudulent or other unlawful purpose. The following support documentation is provided to support this application request for changing the gender designation on my District of Columbia birth certificate:

Name Change: If the applicant also requests that the birth record reflect their current legal name, they must present an original certified court order of competent jurisdiction granting a change of name; and

Required: A signed original statement from a licensed healthcare provider who has treated the birth record holder for his/her gender-related care or reviewed and evaluated the gender-related medical history of the individual and can attest to the fact that the individual has undergone surgical, hormonal or other treatment appropriate for the individual for the purpose of gender transition based on contemporary medical standards or that the individual has an intersex condition and that in the healthcare provider's professional opinion, the individual's gender designation should be changed.

CERTIFICATE FEE: $23 **x QUANTITY REQUESTED** =$0 **+** **AMENDMENT FEE:** $28

TOTAL PAYMENT SUBMITTED = $28 *** QUANTITY MUST BE POPULATED TO CALCULATE TOTAL FEE

UPON APPROVAL THE PREFERRED PAYMENT METHOD IS: CREDIT/DEBIT CARD ☐ **CHECK/MONEY ORDER** ☐

I hereby certify and affirm that I as the applicant or as either the parent/s of a minor child, guardian or legal representative have entitlement to make the above amendments to the birth record referenced above. A fine of not more than $12,500, or imprisonment of not more than 2 years, or both, for each occurrence shall be imposed on: Any individual who willfully and knowingly makes a false statement to the Registrar or the Registrar's designee when submitting information required by this act, in connection with:

(A) A report;
(B) A request to amend or correct a vital record, including any associated evidence
(C) request for a certified copy or verification of a vital record;
(D) A request for access to information in vital records; or
(E) A request for creation of a vital record, including delayed records.

Name: Relationship:

Current Address:

Email Address: Phone Number:

Signature: Accepted for filing by: Date Accepted:

Do not Sign this form until you get in front of a Notary Public. This form will only be accepted if your signature can be authenticated by the Notary Public

Signature: _____ Relationship: _____

Sworn to subscribed by the information in the presence on the _____ day of _____in the year_____.

_____
Notary Public

Signature: _____ Relationship:

Sworn to subscribed by the information in the presence on the _____ day of _____in the year_____.

_____
Notary Public

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Statement of Licensed Healthcare Provider Certifying the Applicant's Gender Designation

Center for Policy Planning and Evaluation
Vital Records Division

NAME OF HEALTH CARE PROVIDER:

NAME ON BIRTH RECORD:

HEALTH CARE PROVIDER'S ADDRESS:

TELEPHONE NUMBER:

EMAIL ADDRESS:

FAX NUMBER:

I, am a licensed healthcare provider (Licensed Physician, Licensed Osteopathic Physician, Licensed Psychologist, Licensed Independent Clinical Social Worker, Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Nurse Practitioner) in good standing in (Issuing US State/Foreign Country).

My professional license/certificate number is:

I am the healthcare provider for with whom I have a healthcare provider/patient relationship and whom I have treated or whose medical history I have reviewed and evaluated.

I hereby certify and confirm that has undergone surgical, hormonal or other treatment appropriate for the individual for the purpose of gender transition based on contemporary medical standards or the individual has an intersex condition. In my professional opinion, the individual's gender designation on their birth certificate should be changed to ☐ Male ☐ Female ☐ Unknown.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct and acknowledge and understand that any person who willfully or negligently makes a false certification is subject to civil fines, penalties and fees.

Healthcare Provider Signature: **Date:**

Print Name of Healthcare Provider: